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2015 NOV 28 PM 2: 17 SECRETARY OF STATE TALLAHASSEE, ELORIO J

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COVER LETTER

TO: Registration Se Division of Cor			
JOYERIA I	VAN, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The endered Amiles of	A mandmant and Carle) and sub-	nited for filing	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Gemma Valentinuzzi		
		Name of Person	
		Firm/Company	
	14328 SW 10th Street	Address	
	Pembroke Pines, FL 33027		
	remotoke rines, r.E. 55027	City/State and Zip Code	
	gmfinancialsystemslle@yał	noo.com	
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Jose A Rodriguez		980 833-7888 at ()	
Name o	f Person	at ()Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, F1, 32314.	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations Inter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2016 NOV 28 PM 2: 17

SEURE JARY DE STATE
ds.)

Joyeria Ivan, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on 11/10/2016	and assigned
Florida document number L16000206735		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "I	.LC" or the abbreviation "lL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
110111111111111111111111111111111111111	Enter Florida street ad	dress
		FloridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 60	. and I am familiar with and 05, F.S. Or, if this document is
	ging Registered Agent, Signat	ure of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Marco Lariccia	14328 SW 10th Street	□ Add
		Pembroke Pines, FL 33027	■ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			ALLAHASSI REMOVE
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ffective date, if other than th	e date of filing:			_ (optional)	
an effective date is listed, the date m	ust be specific and cannot	be prior to date of f	iling or more than 90 c	lays after filing.) Pursu	ant to 605.020
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The 90th day after the re		ode not an en	secre corre, ac s		
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	Signature of a member	or authorized repr	esentative of a member	r	
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